

<p><b>INVENTION REPORT AND RECORD PRIVILEGED AND CONFIDENTIAL</b></p> <p><i>Information herein is submitted for purposes of seeking legal advice concerning patentability, copyrightability, etc. Such information is subject to legal and other review and confirmation.</i></p> <p>OFFICE OF THE GENERAL COUNSEL UNIVERSITY OF KENTUCKY</p>	<b>OTC OFFICE USE ONLY</b>	
	IR#:	
	DATE REC'D:	CM:
	<b>INVENTION REVIEW (PICK ONE):</b>	
	<input type="checkbox"/> NO REVIEW NECESSARY REASON: _____	
<input type="checkbox"/> STANDARD REVIEW:		
<input type="checkbox"/> WITH VAC <input type="checkbox"/> GRANT PENDING		
<input type="checkbox"/> URGENT REVIEW (WITHIN 48 HOURS):		
<input type="checkbox"/> WITH VAC <input type="checkbox"/> GRANT PENDING		
REASON: _____		
<input type="checkbox"/> NO ASSESSMENT NEEDED REASON: _____		

**SECTION I: REQUIRED INFORMATION**

<b>A. Potential Inventor(s):</b> <i>(inventorship subject to legal review)</i>	
Full Name	Full Name
Linkblue ID	Linkblue ID
Position	Position
Department(s)	Department(s)
Center(s)	Center(s)
University Address	University Address
Telephone	Telephone
UK Email	UK Email
Permanent Address	Permanent Address
City, State, Zip	City, State, Zip
Full Name	Full Name
Linkblue ID	Linkblue ID
Position	Position
Department(s)	Department(s)
Center(s)	Center(s)
University Address	University Address
Telephone	Telephone
UK Email	UK Email
Permanent Address	Permanent Address
City, State, Zip	City, State, Zip

*Please use additional copies of this page for more than four names*

**B. Title of the Invention:** *(should be brief and descriptive)*

- If any disclosure of the invention is anticipated, please provide details in Section E -

**REQUIRED INFORMATION (cont'd)**

**C. State, as fully as possible, what the invention is:**

*(including materials and components used; operative and preferred ranges of process parameters and concentration of chemical compounds; and foreseeable uses of the invention. Please also describe the commercial opportunity that this technology addresses, either below or in sections N-T. Supplemental material, such as publications, protocol, presentations, or images, may be included/attached when the form is submitted.)*

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**SECTION II: CRITICAL INFORMATION**

*Note: Please complete Sections D and E to ensure compliance with federal regulations.*

D. Federal Grant/Contract or Subcontract Funding: (Include applicable center grants, e.g. MRSEC, NSEC)			
Was the invention conceived or first actually reduced to practice in the performance of work funded, in whole or in part, by any federal grant(s), contract(s) or subcontract(s)? If yes, list below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any federal sponsoring entity be acknowledged if information related to this invention is published or disseminated to the scientific community? If yes, list below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sponsor(s):	Grant/Contract Number(s):	Principal Investigator:	Administering Dept/Center:
If any grants, contracts or subcontracts were awarded to an entity other than the University of Kentucky, please specify which entities.			

E. Publication, Public Disclosure & Other Activities:							
Note: If the answer to any of the following questions is YES, please provide detailed information and attach any grants, abstracts, manuscripts, articles, presentations, etc. Please keep the OTC informed of any future submission or acceptance for publication or other possible public disclosure of any manuscripts, abstracts or oral presentations describing the invention.							
Has the invention been described in any publication(s) including abstracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<table border="1" style="width: 100%;"><thead><tr><th style="width: 50%;">Name of publication, journal or website</th><th style="width: 50%;">Date of publication</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Name of publication, journal or website	Date of publication					
Name of publication, journal or website	Date of publication						
Has a manuscript describing the invention been submitted for publication?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, has it been <i>accepted</i> for publication?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<table border="1" style="width: 100%;"><thead><tr><th style="width: 50%;">Name of publication, journal or website</th><th style="width: 50%;">Date of publication</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Name of publication, journal or website	Date of publication					
Name of publication, journal or website	Date of publication						
Has a description of the invention <i>appeared online</i> including conferences and abstracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please note the date(s) and details of the online disclosure:							
Was a grant application describing the invention submitted for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please note the date(s) and details of the grant application:							

Was the invention disclosed publicly, such as in a poster session, presentation, or lecture? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please note the date(s) and details of the poster session, presentation or lecture: <input type="text"/>
Was the invention or any derivative product sold, offered for sale, or used in public? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please note the date(s) and details of the derivative product: <input type="text"/>
Were any materials (biological or otherwise), documents, information or software related to the invention provided or disclosed to any third party including academia, industry or government? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was there a confidentiality agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please note the date and circumstances of the disclosure: <input type="text"/>
Are any of the above disclosures or activities contemplated soon? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the details of any potential disclosures: <input type="text"/>

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**SECTION III: THIRD-PARTY OBLIGATIONS**

**F. Resources:**

Please list all UK administrative units under whose auspices the inventors' research activities have been conducted which resulted in the invention:

University of Kentucky College/Dept/Institute	Recipient Inventor	Type of Support (i.e. salary, space, other financial, in kind)

Was the invention developed with VA Funding?  Yes  No

Do any inventors have a VA appointment?  Yes  No

**G. Is the invention related to any third-party agreements not identified elsewhere on this form?**

Materials obtained from a third-party e.g., under a Material Transfer Agreement (MTA)?  Yes  No

Equipment from a third party?  Yes  No

Sponsored Research Agreements (SRAs)?  Yes  No

Was the invention developed using KSEF Funding?  Yes  No

Other? (such as Consulting Agreements)  Yes  No

*If yes to any of the above, please provide details including agreement number and department:*

**H. External Resources & Funding:**

Was any part of the invention developed in a non-UK owned facility?  Yes  No

*If yes to any of the above, or if awards and/or support was provided by another source not listed above (non-federal grants, gifts, etc), please provide details:*

Award Source/Sponsor	Award #	PI	Date Funded	If awarded to an entity other than EKU, please specify

**I. Inventor Affiliations:**

At the time of making an inventive contribution, were any potential inventors employees, officers, or students of an entity other than University of Kentucky?  Yes  No

If yes, please provide details:

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At the time of the inventive contribution, were any inventor's salaries paid by more than one entity or department/center concurrently (i.e., shared salaries)?  Yes  No

If yes, please specify which entity and the approximate percent of employment and relevance:

Inventor	Entities/departments/centers	Percent employed at each

**J. Other Contributors**

Did any person other than those named in Section A contribute any of the following to this invention? For software and other forms of copyrightable material, the University requires a list of all authors of code/text. We realize this may be wholly/partially redundant. It is necessary for legal reasons.  Yes  No

If yes, check all that apply

<input type="checkbox"/> Software	<input type="checkbox"/> Text (document, questionnaire)	<input type="checkbox"/> Audio/Video recording
<input type="checkbox"/> Data/database		<input type="checkbox"/> Other copyrightable work

If yes, please provide the following details about your selections above:

Details, including origin:				
Website(s) and/or descriptions of the above materials:				
Author Full Name (if an individual)	Institution/Company (at time of authorship)	Current Institution/Company (if different)	Email	Phone

Please deliver a complete/working copy of the above materials to: inventionreport@uky.edu

This may include source code, executables, screen shots, technical documentation, manuals, permissions, or license agreements governing your use of third party code and materials. If the material is too large to be emailed, please email inventionreport@uky.edu to arrange for delivery.

Were any Biological Materials (e.g. plasmids, vectors, genetically engineered animals) from an outside party with whom UK has an agreement associated with the invention?  Yes  No

If Yes, please provide a copy of the relevant agreement(s) if available, i.e., MTA or Purchase agreements.

**SECTION IV: CONCEPTION DETAILS**

**K. Fill in the following dates (if known):**

Conception (Month/Day/Year):
First experiment demonstrating the invention (Month/Day/Year):

<b>L. Records Supporting Invention:</b>
Please identify records that establish dates of conception and reduction to practice, including the records' present location and the identity of the person who prepared them. Attach copies, if possible. Note additional supporting evidence. If the invention or a significant aspect of the invention is not supported by written records, briefly describe how the date of invention can be established and identify the earliest written record.

<b>M. Is the invention related to a prior invention reported to UK OTC or elsewhere?</b> <i>If yes, please provide the information requested below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ownership (if not University of Kentucky):	IR# / Internal Ref # or Title:

**SECTION V: COMMERCIAL POTENTIAL**

<b>N. Is research continuing on this invention at the University of Kentucky?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please describe research plans:</i>	

<b>O. What critical commercial problem does this invention solve?</b>

<b>P. Does the invention have relevance to an existing or emerging technical standard? A technical standard is a set of requirements for ensuring interoperability among devices or promoting reliability, productivity, efficiency, or safety of devices.</b>
<i>If yes, which standard(s)?</i>

<b>Q. Specify the closest technologies or references known to you currently:</b>

<b>R. How does the invention differ from the closest technologies or references described above?</b>

**S. What advantages does the invention provide?**

**T. Other possible commercial applications for the invention include:**

**U. Which companies or investors are most likely to be interested in this invention?**

*If you can provide personal contacts at relevant companies, please list their name(s) and email(s) below:*

**SUBMISSION ACKNOWLEDGEMENT – Please sign or type name below**

**University of Kentucky Inventor(s):** University of Kentucky requires all potential inventors who are its faculty, employees or students to sign or type their names below.

I/We submit this Invention Report and Record Form pursuant to University of Kentucky Administrative Regulation 7:6, *Intellectual Property Disposition and Administrative Regulation*, as amended (the "Policy"). I/We agree to assign, and do hereby assign, to the University of Kentucky all my/our rights, title, and interest in any invention described herein and agree to render such assistance as the University of Kentucky may reasonably request to obtain patents and develop the commercial value of such invention, including signing such documents as may be required for this purpose. I/We understand that the University of Kentucky will adhere to the terms of the Policy, which can be found on the University of Kentucky Office of Technology Commercialization's website <http://www.research.uky.edu/otc/>, and will distribute any proceeds attributable to the invention according to those terms. I/We also understand that if the University of Kentucky decides not to seek protection for the invention, it will release its rights in the invention specifically described herein and to the extent it is developed as of the date of submission of this Invention Report and Record Form; provided, however, that I/we have met the obligations under the Policy with respect to disclosure of the invention and cooperation with the University. Any release of University of Kentucky's rights in such invention may be subject to applicable restrictions or requirements imposed by the terms of any grant, contract or cooperative agreement to which the University of Kentucky is a party, or by applicable law, rule, or regulation.

Signature or typed name of each potential inventor listed in Section A	Date

*(Please use additional copies of this page if more signatures are required)*

**Please return this form to the Office of Technology Commercialization at [inventionreport@uky.edu](mailto:inventionreport@uky.edu)**

You may also view information relating to your Invention Reports, Patents and Patent Applications at: <https://uky.wellspringsoftware.net/kms/>

Instructions for accessing the OTC Inventor Portal:

- Recommended browsers: Firefox or Chrome



- Login with your LinkBlue user ID and university password. Note: OTC does not have access to your UNI/password details. If you have any trouble, contact [sabrina.darnell@uky.edu](mailto:sabrina.darnell@uky.edu) or 859.218.6555.
- Information may be downloaded into an Excel spreadsheet